TRENDS IN THE DEVELOPMENT AND FUNCTIONING OF THE PHILADELPHIA DISTRICT HEALTH AND WELFARE COUNCIL

A THESIS

SUBMITTED TO THE FACULTY OF ATLANTA UNIVERSITY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF SOCIAL WORK

BY

HOWARD HAWKINS CAREY

SCHOOL OF SOCIAL WORK

ATLANTA, GEORGIA

JUNE 1963

ACKNOWLEDGMENTS

The writer wishes to extend his thanks and gratitude to Mr. Barry M. Freeman, Associate Director, and the entire staff of the West Area Philadelphia District Health and Welfare Council for their help in making this research possible. Sincere appreciation is owed to Miss Bettie Y. Livermore of West Area's staff for her help in clarifying matters relative to the interview guides used and in the structure of content.

The writer desires also to acknowledge with gratitude the guidance and assistance provided by his advisor, Miss Frankie V. Adams of the Atlanta University School of Social Work.

D E D I C A T I O N

The writer wishes to dedicate this thesis to his wife, Yvonne and daughter, Melba who have both been meaningful inspirations towards the completion of this task.

TABLE OF CONTENTS

CHAPTER I

INTRODUCTION

Significance of the Study

Accelerating changes in community life during the past fifteen years have had a decided effect on the development of community services and will no doubt provide an increasingly important influence in the years ahead.[1] This statement has great import in view of the tremendous increases in population, industrial development, and urbanization.

The problems and needs in the areas of health, industry, education, urban renewal, recreation, social welfare, etc. confronted by every community are of such tremendous nature that no single social work agency can deal with them. In 1909 social agencies in Milwaukee, Wisconsin and Pittsburgh established community councils. Previously agencies in this country had rendered direct services to people as individuals without relating these to cummunity needs. In the complex process of meeting human needs, it came to be widely recognized that in order to render efficient social services, coordination of agencies work was required.

Credit for the coordination idea in social work is given to the Charity Organization Society Movement in London, established in the

---

[1]Campbell G. Murphy, "Community Welfare Councils," Social Work Year Book, 1960, p. 195.

year 1869. "In structure, the Charity Organization Society consisted of direct committees and a central community-wide council."[1] While this organization originally was primarily concerned with coordinating duplication in giving relief, it set the pattern for the beginning of a method of work which is now referred to as community organization.

With the establishment of the first community councils in this country began the concentration on the idea of relating social services to community needs rather than rendering direct services to people as individuals.[2] Although at that time coordination of program was a new concept in the field of social services, which had previously been concerned with direct services such as child care, the giving of financial assistance, and providing institutional care for the mentally and physically handicapped.

As indicative of most social institutions, community councils have gone through various stages in development. In the beginning, council workers were preoccupied with the problems of establishing agencies and services. They used a central body for synchronizing the planning and coordination of agencies programs. Councils did not advocate the building up of a large membership body to support

---

[1]Joseph P. Anderson, "The Response of Social Work to the Present Challenge," Social Work Year Book, 1948, p. 53.

[2]Wayne McMillen, Community Organization for Social Welfare (Chicago, 1945), p. 319.

its program, but relied solely upon the opinions of agency representatives in the planning of the services. "The criticism of this type of program planning is that it was mechanical and consisted of only the rigid application of rules and regulations."[1] In the endeavor to improve the type of services rendered, and with the increased demands on the part of individuals and groups to acquire more extensive and diversified services, central planning bodies alone began to be considered inadequate.

While belief in the importance of central community councils as coordinating bodies is still adhered to, a great many efforts have been made in the past two decades to utilize smaller coordinating and planning units to decentralize the planning activities. These smaller units sometime referred to as neighborhood or area councils have been located in geographical areas of the city, with programs geared to the particular needs of that geographical area. Among the unique functions of the area or neighborhood councils are the following:

> (1) Coordination of health and welfare services at the neighborhood level; (2) helping people to become articulate about their needs and enlisting their participation in meeting the needs; (3) functioning as a medium of interchange of ideas for rank-and-file professionals; (4) serving as a medium for joint planning and action by agencies and civic groups; and (5) providing a means for getting the neighborhood view of problems to those at the city-wide level.[2]

---

[1] Ray Johns and David DeMarche, Community Organization and Agency Responsibility (New York, 1951), p. 95.

[2] Ibid., p. 109.

The adoption of this new structure by numerous councils has resulted in the rendering of more efficient services to community groups.

The Philadelphia District of the Health and Welfare Council, Inc. is a centralized coordinating and planning body, which has six decentralized area offices. Under these area offices, area planning designed to meet the needs of the specific area takes place.

A community welfare council may be defined as a federation or association of health and welfare agencies; and often, also of civic organizations and individuals, in a local community. It is concerned with the coordination of efforts and joint planning and action, to the end that the social welfare needs of the community may be met as adequately and effectively as possible.[1]

Dunham asserts that even though it is difficult to select main patterns of activity of community welfare councils, the best clues to the understanding of the council and its activities may be found in two things: its basic functions and kind of organizational units through which it works. He points out that community welfare councils perform seven fairly definite and well-marked functions. They are as follows:

> (1) The council engages in fact-finding, including collection and compilation of data and special studies.
>
> (2) The council serves as a community clearing house for social welfare experience and thinking - a center for conference, joint planning and action, coordination, and program development.

---

[1]Arthur Dunham, Community Welfare Organization(New York, 1958), p. 124.

(3) The council administers common services. The social service, information and referral service, and volunteer bureau are examples of such service.

(4) The council provides consultation and assistance to individual agencies and organizations.

(5) Councils may participate in joint budgeting, through the community chests, and they work in close cooperation with financial federations and local government appropriating bodies.

(6) The council promotes public understanding of social welfare needs, objectives, services and standards.

(7) The council may promote or develop local community organization in urban districts and neighborhoods and in suburban units and develop relationships between local geographical units and the community welfare council.[1]

Even though there is no uniform agreement as to what actually constitutes a health and welfare council, there is general agreement that the function of such a structure is in the area of social planning and the development of citizen participation around this planning. This kind of planning is an effort to find resources to deal with the needs and objectives of a community.

Murray Ross defines community organization as "a process by which a community identifies its needs or objectives, orders (or ranks) these needs or objectives, finds the resources (internal and/or external) to deal with these needs or objectives, takes action in respect to them, and in doing so extends and develops cooperation and collaborative attitudes and practices in the community."[2] Ross' definition

---

[1] Ibid.

[2] Murray G. Ross, Community Organization Theory and Principles (New York, 1955), p. 39.

clearly illustrates the close relationship between the work of health and welfare councils and the community organization method.

The rising need for social planning which utilize the community organization method is stressed in Thelma Shaw's presidential address at the National Conference of Social Welfare in 1961. She maintains that in spite of a so-called "affluent" society the problems that are facing us today in the area of social welfare are steadily mounting. Such problems as massive employment, aid to dependent children, weaknesses in our social security programs, and many others are still on the rise in this country.[1]

Furthermore, the remedy for these grave problems is not found solely in programs of income maintenance, basic as they are, but rather that skilled constructive and preventive services along with adequate material assistance must be provided in order to rehabilitate individuals, strengthen families, and guide them to self support. She goes on to say that many of our present national dilemmas are due to a lack of planning, either at the inception of programs or during their progress. Finally, she asserts that the breakdown of communication, the mix-up in relationships, and the bad habit of waiting until dire emergency faces us to take long overdue action - the whole process of getting things done together with wide citizen participation in the doing - all are part and parcel of community organization.[2]

---

[1]Thelma Shaw "Presidential Address," Social Welfare Forum, 1961, pp. 1-20.

[2]Ibid.

With the mounting social problems that are facing urban communities today, there is a definite need to focus attention on the degree to which health and welfare councils are developing programs to cope with these problems. It is evident that over the years, councils have been moving in the direction of more decentralized planning and the development of citizen participation around such planning.

While on block field work placement at the West Area Philadelphia District, Health and Welfare Council, the writer became interested in the functions of the council. The writer felt that it was important to examine the historical trends in the development and functioning of the Philadelphia District Health and Welfare Council.

Purpose of Study

The purpose of this study was to examine the historical trends of the Philadelphia District, Health and Welfare Council. In examining these trends an attempt was made to point out the type and kinds of problems dealt with as well as those not dealt with. This study also attempted to determine the extent to which the Philadelphia District's program, over the years, had moved in the direction of coordination of services and/or development of citizen participation in planning for meeting social welfare needs of the community.

Method

The procedure for obtaining data for this study was to read various records, annual reports, and other pertinent literature, plus interviewing. In regards to the interviewing procedure, the writer

interviewed the District Director and other top officials of the Philadelphia District, basically to ascertain information concerning program emphasis and the broader aspects of planning. Interviews with the area directors attempted to ascertain information concerning citizen participation on the area and neighborhood level. These interviews also attempted to point out the current program emphasis as it reflected trends in the overall development of the council.

Scope and Limitations

This study was limited to the trends in the historical development and functioning of the Philadelphia District Health and Welfare Council. Interviews were made with the directors of the various area offices and with executive staff in the Philadelphia District. This excluded specialist consultants, city-wide lay committees, research staff and board members, all of whom play a significant role in the function of the council. It also excluded study of centralized functions, such as Information and Referral, Council on Volunteers, etc.

Another limitation was the fact that no attempt was made to thoroughly analyze all of the present functions of the council; but rather, only the present functions which indicated the developing trends in regard to planning and citizen participation. The interviews were limited by the ability of some individuals to generalize on certain matters, because of the fact that some of the directors were relatively new in their particular areas.

Finally, the fact that the writer was a student, inexperienced in the research process and particularly in the art of interviewing was another limitation to this study.

CHAPTER II

HISTORY OF PHILADELPHIA DISTRICT

Early Development

As the idea of coordinating bodies spread from Milwaukee and Pittsburgh, it was inevitable that such an idea would take roots in Philadelphia. A contributing factor to the spreading of this idea came from the Community Chest Movement in the 1920's. "When you raise money in a combined effort, you have to assure the contributors that the money will be used intelligently."[1] It was only logical then to bring in citizens, leaders and representatives of civic, business, labor, and professional groups to help appraise the total picture.

By the 1940's the growth of tax-supported and voluntary direct service agencies highlighted the need for the kind of coordination and planning that would reflect the broad outlook of these representative citizens.[2] To achieve this end the various Councils of Social Agencies were forced to change their structures to a certain extent, and even change their names in many instances. Although still maintaining a close working relationship with the Community Chest, Councils in the 1940's for the most part began to separate from the Community Chest or (as it is now more often called) United

---

[1]Elizabeth Ogg, Good Neighbors - The Rise of Community Welfare Councils, Public Affairs Pamphlet No. 277, January, 1959, p. 4.

[2]Ibid.

Fund. Many Councils of Social Agencies also changed their names to Health and Welfare Councils or Federations, United Community Services, or the like.

In December, 1943 at one of the regular weekly staff meetings of the Philadelphia Council of Social Agencies special attention was given to inter-division work. One of the problems considered was the question of Juvenile Delinquency. A member of the staff was asked to prepare a paper which had the title "Let us Reconsider Juvenile Delinquency." Much of the material in the paper was an outgrowth of discussions by staff and incorporated their points of view.[1]

The paper proposed to (1) select certain areas for special attention because they present serious problems which have as one of their symptoms an increase in juvenile arrests, and (2) plan projects in these areas which shall be based on the special needs and conditions of the area and rooted in neighborhood participation. In the process of carrying out this project which was called "Combined Operations" it was hoped that all social, health, and educational agencies, as well as religious leaders, trade union leaders and probation and police officials working in the area would join forces.[2]

The "Combined Operations" was officially launched by the Philadelphia Council of Social Agencies in the East Columbia Area on March 1,

---

[1]Files of the Philadelphia Council of Social Agencies, Philadelphia, Pennsylvania, December 8, 1943.

[2]Ibid.

1944.[1] Prior to that date the Central Committee on Combined Operations had chosen this area for first attention and gathered information concerning resources in the community, location of schools and churches and certain other pertinent statistics. With this as a guide, the field worker's first step was to become acquainted with some of the leaders of the community. Calls on the agencies brought names of other professional and lay persons who would be interested in the plan for combined operations. Personal chats with these individuals centered around the following questions: (1) What do you think of this idea of Combined Operations? (2) What are the outstanding needs of this community? (3) Who are some of the likely leaders? (4) Would you be willing to serve on the initial local advisory committee or other special committees to be organized later?[2]

Follow-up notes expressing appreciation for the interview, accompanied by a one-page description of Combined Operations were sent to each person visited. Along with these personal contacts the field worker was able to become acquainted with the physical lay-out of the area, the general placement of various racial and religious groups, and the location of social and civic resources. This additional information was incorporated in a booklet which served as background material for the local committees and provided the basis for a future

---

[1]Report of Combined Operations, Council of Social Agencies, Philadelphia, Pennsylvania, June 15, 1944 (unpublished.)

[2]Ibid.

more comprehensive list of facts and figures about the East Columbia Area.

The establishment of the East Columbia Area in 1944 as an area of special attention marked the beginning of the idea of neighborhood or area councils in Philadelphia. The idea gained fast acceptance and support from the Council of Social Agencies, thus enabling them to consider the possibility of establishing other areas of special attention.

After evaluating the program in the East Columbia Area, the Central Committee on Combined Operations felt that the progress made in this area warranted the establishment of another such area. Thus, in 1945 the West Parkside Area was established as a second area for Combined Operations. This was another area where the juvenile arrests were on the increase. As in the East Columbia Area, the committee attempted to join forces with the health and educational agencies, as well as religious leaders, trade union leaders and probation and police officials.

As early as October, 1945 a sub-committee was appointed by the Central Committee to review experience to-date and to plan for the future. The results had been more favorable than foreseen, especially since:

1. The two areas had been deliberately chosen because they appeared to be the most difficult in the city.
2. There were no blue prints.
3. They were far apart so influence of work in one did not "spill over" into the other.[1]

---

[1]Report of Area Planning Philadelphia District Health and Welfare Council, Inc., April, 1948 (unpublished).

"Combined Operations" was facing a crisis in its responsibility to do more concentrated work in West Parkside and still keep Columbia area going at full capacity. So another area worker, with secretarial assistance, was recommended. Additional staff was made available by a grant of the Community Chest to the Council of Social Agencies, beginning June 1, 1946.

Thought was given also to the size of the areas that the Council might eventually hope to cover with the area offices on a city-wide basis. It was felt that they should be chosen in relation to areas used by other city-wide agencies with a stake in planning. Health Service Units, Public School Districts or City Planning Commission study areas, were considered as possibilities. There was some thinking that adjustments to a larger area plan could be made by extending the boundaries of Columbia and West Parkside.[1]

In January, 1947, after the possibility of a Foundation grant was known, the Central Committee on Combined Operations was asked to take a vote on the following question: If the Council of Social Agencies is to use extra money for planning on the neighborhood level, should it be used for a third area of "Combined Operations," or for a consultant on community organization to neighborhoods? At that particular time there was only one committee of the Council of Social Agencies that was concerned with welfare planning at the neighborhood level.

---

[1] Ibid.

That was the Central Committee on Combined Operations.[1] The Council naturally turned to this Central Committee to make the recommendation concerning the expansion of community organization work at the neighborhood level.

On January 23, 1947 when members of the Central Committee were asked to vote on these two proposals, the vote was a tie; it was then agreed that a statement, offering "pros and cons" for each pattern, should be sent to each committee member, and a mail vote taken. Following the suggestion by the Council, a statement offering the "pros and cons" was drawn up and presented to each member concerned. At a meeting of the Committee on February 27, 1947, it was announced that the final vote on the two proposals was 16 to 11 in favor of proposal I, which was a third area for Combined Operations.[2]

In the hope that funds could be obtained from some source to expand the Combined Operations to a third area in Philadelphia, the Central Committee on Combined Operations was asked to consider expansion from two different approaches: (1) Provision of a consultant service to various neighborhood groups and city-wide agencies with neighborhood projects in any part of the city as it might be requested; (2) a third area within"Combined Operations"in a locality different from the two in which they were now working which would serve a new community and provide still further experience in demonstrating the new techniques of community work.

---

[1]Gerald F. Flood, Memorandum to Members of the Central Committee on Combined Operations, January 31, 1947.

[2]Minutes of the Central Committee on Combined Operations, February 27, 1947.

The Central Committee on Combined Operations after getting suggestions from many sources as to the location of a new area and using a sub-committee to point out the relative advantages of such an approach, voted by mail in favor of a third area.[1] Until it had branch offices the Council believed that it would not succeed in bringing its health and welfare planning into intimate contact with the people most vitally affected; namely communities and neighborhoods.

The idea was to plan with community and neighborhood groups, with local participation. The demonstrations that were going on in the Columbia Area, which had a population of approximately 60,000 people and the West Parkside Area, with a population of approximately 100,000 people, were chosen because such participation was indicated. The Columbia Area was chosen because it had the highest unfavorable rating for the indices used to indicate health and welfare conditions. The West Parkside Area had a mixture of progressive elements and deteriorating neighborhoods capable of restoration and some depressed areas.[2]

The Philadelphia Council of Social Agencies originally consisted entirely of member agencies of the Welfare Federation. Over the years it became apparent to leaders of the Council -- and the Welfare Federation-- that to be truly effective, planning efforts must include tax supported as well as voluntary agencies. Gradually the Philadelphia Council became a separate agency, and added to its membership

---

[1]Report on a Third Area in Combined Operations, Council of Social Agencies, Philadelphia, Pennsylvania, April 29, 1947.

[2]Ibid.

rolls public agencies plus private agencies which did not take part in federated financing.

Side by side with this idea of "total community planning" another concept was emerging. On the premise that Delaware, Montgomery and Philadelphia counties shared a variety of common interests and the inescapable fact that major health and welfare programs were not limited to any one county, leaders from the three areas discussed plans to combine forces.[1] On September 1, 1947, a single unit concerned with health and welfare planning in the three county area came into being. It was called the Health and Welfare Council.

Program for Local Planning

In an effort to place the Health and Welfare Council in line with other current trends which emphasized the local community and participation by persons living or working there, the Council began to initiate a program of local planning.[2] This program was seen as the most productive basis for health and welfare planning. This program was to provide a better service for a city of two million people in bringing about and maintaining a better balance between the needs of the people and the health and welfare services organized to meet these needs.

The general objectives of the Health and Welfare Council were likewise applicable to local planning. They were concerned with:

---

[1]Board Members Manual, Health and Welfare Council, Philadelphia: Health and Welfare Council, Inc., September, 1961, pp. 1-2.

[2]Statement on Program for Local Planning, Philadelphia: Health and Welfare Council, Inc., December 8, 1947.

1. The incidence and extent of needs in the field of health, welfare, and recreation.

2. The relating of community resources to these needs.

3. The development of citizen concern for and participation in matters affecting social needs and resources.[1]

The objectives went beyond concern with disease, dependency and delinquency. The goal was a satisfying level of social living. The goals included prevention as well as the relief of unfavorable conditions. They looked to the environment of the community.

The Council as it was then structured was more than a Council of Social Agencies. Its membership included organizations which were not "social agencies" in the usual sense of the term though they had interests in the field of health and welfare. It also included members-at-large who did not represent agencies as such. Nevertheless, agency participation was a dominant note in the Council and to a very large degree the purposes of the Council were achieved through the instrumentality of agencies.[2] Membership also included organizations referred to as "allied groups" which had a concern for the health and welfare of the city, but did not carry on direct service programs. The total agency membership of the Philadelphia District at this time included 188 agencies. Each of these organizations appointed two delegates to the Council; one was the Executive Director of the agency and

---

[1]Ibid.

[2]Area Planning, Philadelphia: Health and Welfare Council, Inc., October 3, 1947.

the other a board member.[1]

The Council took the county as a primary unit for organization of its activities at the local level. For example, there was a District Committee, charged with responsibility for health and welfare planning in the entire Philadelphia County. In many particulars the Philadelphia County District Committee was concerned with issues affecting the area as a whole. It seemed apparent, however, that health and welfare planning could not be undertaken for a population of two million people in the area through a single program emanating from a single location in downtown Philadelphia. The Philadelphia County Committee, therefore, began to study how its services could best be decentralized.

There were, of course, certain agencies and notably the Settlement Houses, concerned with neighborhood conditions. The Council itself had a valuable and interesting experiment in the direction of planning on a relatively small neighborhood basis through the establishment of two district offices under Combined Operations. There were also a large number of neighborhood or community councils, for the most part closely affiliated with the public school system and linked together in a Federation of Community Councils.[2] It is to be noted, however, that although there should undoubtedly be a close connection between these neighborhood councils and the Health and Welfare Council

---

[1]Statement on Program for Local Planning, op. cit.

[2]Area Planning, op. cit.

the methods and purposes of the two were not identical and by reason of practical administrative limitations the Health and Welfare Council could not very well function through a multiplicity of small neighborhood organizations, even if that were thought desirable. It seemed, therefore, that if any decentralization of the program of the Philadelphia County District Committee was possible, it would have to be achieved through a relatively small number of area Councils.

Establishment of Area Offices

From 1947 on, under the newly organized Health and Welfare Council, the phrase "Area Planning" increasingly took the place of "Combined Operations." The Committee on Combined Operations became the Central Committee on Area Planning. In September, 1948, the Poplar Section was established, bounded by Broad Street, Delaware River, Market Street to Girard Avenue. This area is now incorporated in what is known as the North Central Area, bounded by Schuylkill River on the West, Chestnut Street on the South, Delaware River on the East, and Leghigh Avenue on the North. In November, 1948 the Southern Area was open from Lombard Street on the North between the Delaware and Schylkill Rivers to the South. In the fall of 1948 also, a working relationship was established with Germantown Community Council where it ultimately became the Northwest area office, although independent of program and finance. In 1950 work began in the Northeast area under the Community Chest. This area is presently staffed by the Health and Welfare Council and is known as the Northeast Area Office. Finally, in the program year 1955-1956 the last of the area offices was established, Northern Area.

With the concept of "Area Planning" emerging as an important factor in the program of the Health and Welfare Council, the Council continued to add to its membership as well. Constant evaluation of Council's program was being made in light of its objectives. In 1951, a committee was formed to evaluate the extent to which the area councils were meeting the needs and objectives of the overall program. As a result of this committee's report it was decided that the concept of area councils was wholesome and that it should be continued and even strengthened.

In support of the concept of area or neighborhood councils it was pointed out by the committee that this kind of planning approach was, first of all, a democratic approach. It depended largely on local interest and initiative; it encompassed a representative cross-section of the people — the little people as well as the big people; it is built from the ground up rather than superimposing plans from the top down. It had in it what might be called a "humanizing influence" in health and welfare planning. The Committee also stated that "planning should always be able to see the boy or the girl, the man or woman for whom the service is intended."[1] Area planning, it was felt, got a little nearer to the people — a little nearer, perhaps, to the wellsprings of human understanding and sympathy which should vitalize health and welfare services. It was understandable that area planning would become more meaningful if it were associated with a local committee,

---

[1]Minutes of the Committee on Area Operations, January 30, 1951.

a local office and a local staff. Both the people and the agencies needed to see and feel an establishment which was "theirs." A location on the ground would provide visible evidence of planning in action at the local level, keyed into planning on a city-wide basis.

In a report from the committee in June, 1952, it was concluded that area work was moving forward in accordance with plans that had been formerly defined. It was also clear that the members of the several Area Committees had been approaching the enlarged program with enthusiasm. Such zeal had been tempered by the need for reality in continuing services in existing sections through which neighborhood confidence was carried into work in the enlarged area.[1]

Area Committees were also showing a practical awareness for direction of their major activities into the field of health, welfare, and recreational planning. They were utilizing skills of groups like the Citizens' Council on City Planning, the schools, both public and parochial, and the Chambers of Commerce by proper direction to such resources. It was the belief of the Committee on Area Operations that continuation of area work should bring a growing public awareness and support for the value of this practical approach to decentralization in health and welfare planning.[2]

The progress of area work from 1952 onward demonstrated that the approach that was being used was a realistic one in achieving the goals

---

[1]Report of the Committee on Area Operations, Philadelphia: Philadelphia District Health and Welfare Council, Inc., June, 1952.

[2]Ibid.

of coordination of services and development of grass-roots leadership and lay participation. The response to the opportunity provided by area work for purposeful citizen participation in the planning of health, welfare and recreation services resulted in expanded civic consciousness. Taxpayers, volunteer contributors and individuals welcomed the opportunity that area work offered to share with agencies in decisions affecting services vital to life in their neighborhoods.

It was obvious that the Council itself could not staff the many neighborhood councils in the city, reported to be over sixty in number in 1955.[1] However, the Philadelphia District felt that it would not be living up to its responsibilities for health and welfare planning and coordination on a city-wide basis, without the basic staff services required for each area.

Two approaches were suggested to the Council. Both required additional staff in order that the Areas be equipped to stimulate existing groups to undertake responsibilities for their neighborhood councils and to relate these groups to the Area's planning and coordination program. The two approaches were:

1. Retaining the present areas and strengthening the staff services for three areas which had requested additional professional and secretarial workers.

2. Recognizing the principle of further subdivision of the city with a professional and secretarial worker in each of the Areas of Sections resulting.[2]

---

[1]Committee on Area Operations Report to the Philadelphia District Health and Welfare Council, Inc., December, 1955.

[2]Ibid.

As a corollary, the Council saw the long range value in strengthening local agencies having the skill in community organization through which they would be equipped to give staff service to neighborhood councils.

The Council has attempted to strengthen its staff in certain areas in order to deal with specific problems of those areas. In August, 1959, there was a second worker added to the staff in West Area. This worker was subsidized by the University of Pennsylvania to concentrate on problems in that section of West Philadelphis known as University City. In September, 1960 a worker was employed by Haverford Center, a Settlement House in West Philadelphia to deal with the special problems of the Mantua Area. Though hired by the Settlement House, this worker is supervised by West Area. In September, 1961 another community worker was added to the staff in West Area to work with the Spruce Hill Community Association. This worker, a doctorial student from the University of Pennsylvania School of Social Work, is also supervised by West Area staff. In September, 1962, an additional community worker was added to the North Central Area to work specifically in the Spring Garden Section of that area.

Change in Structure

As any alert progressive body, the Council has revised its structure and methods at times to fit changing needs. In 1959, a major "streamlining" change took place. Following careful study a special committee set forth recommendations designed to make the Council an even more effective instrument for health and welfare planning. As a result of the recommendations, increased speed in attacking community

problems was now possible.

The special committee felt that even though the Council had done a good job in the area of health and welfare planning, an even better job could be done in the future. The Committee went on to indicate that it was the Council's responsibility to lead and by the excellence of its performance on behalf of the total community to lift the standards of all services and to create an ever increasing balance between needs and resources.[1]

The special Committee further stated that the purpose of the Council was to create an atmosphere of change as much as to make actual plans. It was felt that the Committee's social and health planning should be a continuing process as distinguished from a "firefighting" operation or one limited to special short-term projects. It must be a democratic process which distills out the best thinking of lay and professional leaders and relates that thinking to purposeful action.[2] Because the Committee believed a new structure would further these objectives, certain recommendations were made.

Establishment of Services Division

One of the most important recommendations that this special Committee made was the recommendation that a services division be established. The Committee recommended that the Divisions on Aging,

---

[1]Report of the Committee to Review Council Structure and Function Philadelphia: Health and Welfare Council, Inc., November, 1959-January, 1960.

[2]Ibid.

Children, Education-Recreation, Family and Health be succeeded by a Service Division. It was further recommended that:

1. The Services Division carry the following functions which had rested principally with the Divisions:
   a. Establish standards to be recommended to agencies;
   b. Recommend designs for services;
   c. Develop and recommend for adoption by the Board statements of position on issues and problems of concern to the Council within the area of the Council's competence;
   d. Provide agency study evaluation;
   e. Facilitate inter-agency coordination;
   f. Conduct region-wide forums and conference groups;
   g. Advise with respect to legislation within the area of the Council's competence;
   h. Identify, describe and appraise problems needing Council attention and action.
2. The Services Division create project committees for technical advice on various proposals and projects.
3. The Services Division convene conference groups for agency coordination.
4. The Services Division develop advisory committees as needed and a resource panel.[1]

The Special Committee felt that the Divisions had played a major role in the work of the Council, and the invaluable contributions which they had made should be retained in any structure change. The Committee believed that by better coordinating the many talents represented in the Divisions, the Council would be better equipped to deal

---

[1] Ibid.

with major health and welfare problems which so often involved more than one field of care and were tri-county in scope.

Twenty-five special committees or projects constitute the present active program of the Services Division, another four have been approved but wait availability of staff time. Seventeen are problem-centered. Nine of the seventeen are committees working on a particular problem for a limited time: Day Care; Foster Home Care Educational Program; City-wide Group Service Agencies; Voluntary Assistance; Home Care; Residential Facilities for Adolescents; and Educational Opportunities in the Field of the Aging.[1]

A second group of four committees has been active for several years, each year concentrating on some phase of the same largr problem. These are in: The Handicapped; Education-Recreation for Older People; Inter-agency Referrals; and Camping. A third group, numbering four await further exploration by Council staff before becoming active or renewed. They are Jobs for Youth; Employment for Older People; Community Resources in Mental Health; and Protective Services for the Aging. The remainder of the twenty-five active committees, eight in number, include three coordinating groups, three agency studies, an educational group and the Services Division Committee itself.[2]

The recommended structure was one which permitted the Council to operate more efficiently, attack community problems promptly, and

---

[1]Benjamin S. Loewenstein, Summary of Services Division Program, September 1, 1962.

[2]Ibid.

brought the Council the additional lay leadership necessary to solve difficult social and health problems.

The Health and Welfare Council of Philadelphia shares the same goals with Councils elsewhere. It represents citizens, Social Welfare Agencies, laymen, and social workers. It aims to find out what is needed in health, welfare, and recreation, and what is being done about it. The purpose is to locate and grade the existing services, eliminate duplication, coordinate what is available, recommend priorities, and promote needed projects through local organizations. Further it attempts to bring public, private, and voluntary social agencies together for planning social welfare services in the community.

In short, the Council is a medium for the discovery of needs and conditions in the community and for planning to meet these needs and change the existing conditions. The Council itself does not attempt to offer direct social welfare services, which is the responsibility of the organizations represented on it.[1] In an unpublished staff discussion paper, the Council noted its five major functions:

> 1. Coordination: As the Council does not offer direct service to the community and assumes no control over its activities; it therefore, helps through coordination--"calling agencies together to exchange experiences, etc."
>
> 2. Common or central services: The central service it provides to the member agencies include, "volunteer bureaus, information and referral publications, collection of services statistics, professional recruitment program and in many councils, the Social Services exchange."

---

[1]Inderjit K. Jaipaul, "Helping a Community Further Grass-Roots Participation Towards Community Improvement" (Unpublished thesis, School of Social Work, University of Pennsylvania, 1962).

3. Improvement of Standards and Quality of Service: It sponsors "institutes, workshops, conference groups, demonstrative projects, takes functional positions, and publishes standards of service in a variety of fields, etc."

4. Creating better public understanding by bringing public awareness of needs and services.

5. Community Planning: "Today this is regarded as the primary function of the Council." It engages "in continuous process of identifying needs of people, needs of the community and the adjustment of services to meet these needs."[1]

The Philadelphia District Health and Welfare Council has made great strides in its relatively short history. From its beginning as the old Council of Social Agencies to its emergence as part of the present tri-county complex of the Health and Welfare Council, Inc., the emphasis has been on the coordination of services and the development of citizen participation.

In 1947, when the present Health and Welfare Council was established, there were only 188 agencies affiliated with the Council. Today, there are over 300 such agencies. These affiliations are both public and private, social work and non-social work in nature.

The concept of local area councils, with local committees, and local citizen participation, and geared to the needs and problems of the particular area, has expanded over the last fifteen years. Area Councils have increased from two in 1947 to the present number of six.

The history of the Council further indicates that it has constantly attempted to evaluate and change its structure and program in light of current needs.

---

[1]Health and Welfare Council, Inc. Professional Staff Meeting Paper, Philadelphia: October, 1961 (unpublished).

CHAPTER III

PROBLEMS AND FUNCTIONS

Interviews were held with four District and tri-county officials, namely the Director of the Health and Welfare Council, Inc., the Director of the Philadelphia District, the Assistant Director of the Philadelphia, and the Head of the Services Division, in an effort to find out some of the major social problems in the Philadelphia area. (See interview guide in the appendix). In addition, the following questions were pursued with the officials: What were the major social problems in Philadelphia ten years ago; how these problems had changed over the last ten years; the major functions of the Health and Welfare Council in the Philadelphia District; how these functions had changed over the last ten years; and changes in program emphasis.

Major Social Problems

Two of the officials indicated that one of the most pressing social problems was the overall shortage of resources to meet the needs of the people. Other overall basic social problems included: The tremendous gap between what we know and what we do. In regard to this particular problem, the official stated that even with the overall shortage of resources, much more could be done in providing adequate health, welfare, and recreation services to the public if we as social workers utilized the knowledge and skills that we possess to the maximum. In this same connection the problem of the multiplicity of agencies was mentioned. This official stated that in many instances there are too many agencies attempting to offer a specific service which

could be done more adequately if emphasis were placed on the quality of service rather than having the many agencies rendering service of low quality.

The entire economic complex which leads to many of the other social problems was noted as another overall basic problem. This official maintained that many of the other related problems could be solved or greatly minimized if the economic status of certain segments of the population were raised. This overall problem was intensified by the mass immigration of culturally different and disadvantaged Negroes and Whites from the South. Other related major social problems listed were: Changes in the character of the population, effects of urban renewal, and the whole question of how to integrate into the community the Negro population and how to attract back to the city many families that have moved to the suburbs. These were noted as the overall basic social problems in Philadelphia at present.

Other problems that were of great importance and concern and many of which were caused or related to the overall major problems of mental illness, youth employment, family stability, medical care, the problems of the aged, and the overall need for more community organization generalists in smaller territories in the city.

The question was asked about the major social problems ten years ago as they compared with present social problems. In answer to this question all officials were of the opinion that the problems were basically the same but not as acute then as they are at present.

In an attempt to ascertain some of the most pressing social problems in Philadelphia currently, the question was asked, "if necessary

staff were available, what two problems would the council attack on which it is not currently focusing its attention, or is doing so in a minimal fashion." In response to this question, two officials stated youth employment; two indicated mental and emotional illness; one official stated that there is a great need for more "generalist" in the whole field of community organization for neighborhood improvement and citizen participation. A community organization "generalist" is referred to here as a worker who is free to work with the community on any problem or project that the community may choose. Other problems mentioned included: home placement for children, employment for the aged, adoptions, and juvenile delinquency.

C. F. McNeil, Director of the tri-county Health and Welfare Council, Inc. in a speech delivered at the Community Orientation Institute pointed out that within the past decade approximately 60,000 unskilled persons, many not qualified for jobs which do exist have moved into the Philadelphia area.[1] He went on to say that without a doubt this increase in supportable age groups and the continuing influx of poorly educated, unskilled people require that some serious and continuing attention be given to new educational and training services as well as to the provision of decent and helpful welfare services.[2]

---

[1]C. F. McNeil, "Welfare Services to a Metropolis in Transition" (Speech delivered at Community Orientation Institute, University of Pennsylvania, November 1, 1962).

[2]Ibid.

The major causes of the present problems and how the needs have changed were also explored with the officials. All officials mentioned that automation was a major factor in the need for present social welfare services. Another important factor which was mentioned by two of the officials was the continued high income and the trend of many high income families to move to the suburbs. In explaining this factor both officials stated that the massive influx of culturally different and "culturally disadvantaged" people, especially from the South had caused many of the "desirable" residents to flee to the suburbs, leaving the central part of the city a pocket for these people with massive social and economic problems.

Another important factor that was outlined by three of the officials was the change in the character of the population. One mentioned that the growing population of the aged and the increase in school age children were important causative factors. Another official maintained that the growth in the population of younger people who are the needy group was an important factor. Other factors included: unemployment, migration, cultural clashes, and the problem of school drop-outs.

Functions

Councils for the most part are in a somewhat transitional stage at present. They are broadening their objectives and focus to deal with significant social problems. They are gradually changing their membership so as to more adequately represent the total community, and not just social welfare agencies. They are vesting more of the policy control in lay citizen boards. They are attempting to alter

their internal structure in order to deal with community welfare problems more effectively. They are giving more status to the role of research in community planning. They are turning more attention to the larger tax supported programs, as well as continuing their traditional emphasis on United Fund and Chest supported activities.[1]

With the changing social problems and the new thinking in the field of community welfare planning, the District and tri-county officials were asked questions in regard to the major functions of the Philadelphia District Health and Welfare Council; how the functions had changed over the last ten years and what particular changes in program emphasis could be cited. The officials were also asked about the council's philosophy concerning citizen participation in social planning and how it had changed over the last ten years, if at all.

In answer to the question regarding the major functions of the Health and Welfare Council in the Philadelphia District, the following responses were made: The Philadelphia District Board has the responsibility for the orderly coordination of health, welfare, and recreational services in Philadelphia county; its function is to involve indigenous local leadership around problems and motivate them to act in regard to these problems; to find out what conditions are and what it is that people in the community need in terms of good health, good family life, recreation, subsistence, employment opportunities, education, living

---

[1]Howard F. Gustafson, "Community Welfare Councils," Social Work Year Book, 1960, pp. 195-196.

conditions, self respect, and respect for others; to bring together individual citizens, governmental and voluntary agencies, and other organizations to plan together for ways of improving the lives of the people in the community; to help develop leadership at all levels, people capable of block area and community-wide leadership; to help train these leaders; to help find, place, and train volunteers at the adult and high school levels; to help direct people who wish to know where to turn for help; to help coordinate the efforts of health, welfare and recreation agencies; to plan in regard to better use of current health and welfare resources and improvement of their quality and to spread long-range, middle range and current necessities; and finally, to involve citizens in securing health, welfare and recreation services through the tax and voluntary dollars.

In response to the question regarding how the functions had changed over the last ten years the following answers were given: The District has changed from the division structure to assuming responsibility for the entire district and county; more citizens in the district have responsibility for planning and implementing social welfare programs; it has changed in focus; it has changed in the acceptance of more and more persons in the council in programming for urban renewal; the council has increased working together with groups and agencies in one field or on one particular problem; it has increased planning in regard to the use of public monies in both public and voluntary agencies; the council is more totally concerned with health and welfare content than before.

Changes in Program Emphasis

In order for the council to keep abreast with the rapidly changing needs and to do an effective job of planning in regard to these needs, changes in program emphasis was a necessity. One of the major problems facing community welfare councils today is the challenge of higher levels of community research and planning. If councils are to help communities analyze major social problems and make plans in regard to these problems, it will often be confronted with social policy questions and decisions, some of which may be solved locally, many of which will be solved nationally.[1] Councils must look ahead and help the community meet problems before they become acute. This will require drastic shifts in attitudes by some, and will require some changes in internal structure and program emphasis.[2]

The officials of the tri-county organization and the Philadelphia District were asked about the changes in program emphasis over the last ten years in light of changing needs and problems. One official stated that one of the most important changes has been that more emphasis is now being placed on research and the multi-agency approach to the solution of major social problems. He further stated that the council now has more responsibility for health, welfare, and recreation services content for the social planning job. Another

---

[1]Howard F. Gustafson, "Emerging Concepts in Community Welfare Planning," Social Welfare Forum, 1960, p. 156.

[2]Ibid.

important change has been the emphasis on special projects to bring together different agencies to work in a coordinated effort on one particular problem in one geographical area.

An example of this kind of bringing together of different agencies and institutions is the teaming up of the Health and Welfare Council with the University of Pennsylvania to work on specific problems of University City in West Philadelphia. This teaming up was done with the West Area of the Philadelphia District.

Another official pointed out that an important change in program emphasis has been the emphasis on more comprehensive programs such as planning for the Eastwick area; redevelopment in South Philadelphia; probing city officials in regard to the day care needs of Philadelphia; and the study of public assistance in Philadelphia. Finally, one official indicated that the program emphasis is focused much more on planning now rather than coordination.

Citizen Participation

Equally as important as what is planned, is who does the planning. If planning is to be effective and adequately meet the needs of the community, the people for whom the services are planned should be actively involved in the planning process. It is for this reason that the question of citizen participation is so important. We will define citizen participation then as the involvement of "lay" citizens in taking an active and interested part in assuming responsibility for their own welfare.[1] In the planning process there should be

---

[1]Campbell G. Murphy, Community Organization Practice(New York, 1954), p. 408.

representation from all levels in the community. There should be representation from the "grass-roots" residents, social agencies and institutions, civic groups, certain racial and ethnic groups, interest groups, etc.

In responding to the question concerning the Health and Welfare Council's philosophy regarding citizen participation in social planning the officials revealed that: The agency solidly believes in citizen participation and is committed to it; to get the fullest degree of citizen involvement as is possible is the aim of the Health and Welfare Council of the Philadelphia District. It was further stated by this official that this basic philosophy hasn't changed over the last ten years but that knowledge and skill in this area has been sharpened; planning for a community is the responsibility of all interested citizens. The Council sees itself as a prime instrument in bringing together community groups to help in that planning; the council firmly believes in the idea that citizen participation is not only essential but that sound social planning cannot become a reality without the involvement of citizens.

CHAPTER IV

ROLE OF AREA STAFF

This chapter will attempt to describe the role of area staff of the role of decentralized offices or area and/or neighborhood councils as they are sometimes called. Since the Philadelphia District Health and Welfare Council is a decentralized body, having six area offices which serve the needs of a particular geographical area, it is important that an analysis be made of the role of the staff serving in these area offices.

Structure

Area councils of the Philadelphia District are made up of local residents, representatives of civic, fraternal, religious, educational, business, labor and professional interest in the local area, and representatives of health and welfare organizations serving the area. The Area councils concern themselves with a wide variety of projects and problems which are defined and selected by representatives of the area. The solution of the defined problems and the work on the selected projects are designed to improve the living conditions in the area. Area councils have spearheaded action on such problems as delinquency, lack of recreational facilities, unsanitary conditions, zoning and code infractions, bad housing and many other problems. They provide a means through which neighbors can work together to solve local problems and through their association with each other, help establish a neighborhood climate to prevent problems from developing.

The area councils of the Philadelphia District follow basically the same patterns as area or neighborhood councils in other big cities. Historically, area or neighborhood councils have been operating for a number of years. Started in 1919 in Berkeley, California, to combat juvenile delinquency, area councils soon found themselves involved with the problems of recreation, education, housing, health, law enforcement, and child guidance as well.[1] Today they are teams working to improve their neighborhoods and to voice the neighbors' views in the affairs of the city at large. Their achievements range from better street lighting, more playgrounds and controlling rats to health clinics and new housing projects for their areas.

Because of the spontaneous way they sprang up, district or area councils have varied patterns of organization and support. Some are in settlement houses or governmental departments, which provide them with staff. But in many cities they are staffed in whole or in part by the Community Welfare Council or the Health and Welfare Council as it is called in many areas. Through this affiliation the larger council finds its grass roots.

It required considerable experimenting on the part of councils of social agencies and later Community Welfare Councils or Health and Welfare Councils before it became evident that district or area councils represent a significant and in many instances a necessary form of organization through which their work might be made more

---

[1]Elizabeth Ogg, op. cit., pp. 23-24.

effective.[1] Centralized coordinating and planning bodies which coordinate the activities of a large number of voluntary and tax-supported health and welfare services, need district or area councils to facilitate citizen participation in action to change social conditions and to make available in neighborhoods and areas the services of city-wide agencies.

The area council, as a coordinating inter-organizational body related functionally to the centralized body is a means through which the various agencies in health, welfare, recreation and education, and citizen organizations may work together within the larger context of the city or metropolitan area as a whole. The cooperative effort of citizen organizations and social agencies on problems in the neighborhood can be the beginning of work which may be extended to as broad an area as the solution may require.[1] The area council can help to meet today's need for neighborhood organization, not only by virtue of its own activities as an interorganizational body, but also by the activities it can stimulate in direct-service agencies and citizen groups. Because of this the area council has a key place in neighborhoods today.

Official Views

Interviews with four District and tri-county officials raised the question of the role of area staff in the Philadelphia District.

---

[1]Sidney Dillick, Community Organization for Neighborhood Development -- Past and Present (New York, 1953), p. 160.

One official held that the role of area staff was that of an enabler who maintains relationships with agencies and groups in the community. He further held that area staff should be a channel for central resources for the coundil and should be more knowledgable about health, welfare and recreational problems that affect the area and resources to meet them, than any other person in the community. In addition, area staff should know and develop leadership in the area and function in an administrative capacity such as committee management.

A second official stated that the role of area staff was area organization and community organization. Area staff should get to know the area and try to involve in their program all of the individuals and groups that they can interest in that program. Furthermore, area staff should help to develop leadership in the area and help bring together all possible forces so as to work together through common interest in the development of the area. Finally, this official asserts, area staff should relate the area to the district as a whole and draw upon other resources of the council, such as the research department and the consultants to effectively carry out the program of the particular area.

Extending the Philadelphia District to the neighborhood to work with the neighborhood in order to make it a better place in which to live is another role of area staff. This official also believed that area staff should be skilled in implementing programs for neighborhood improvement and should be honest with citizens in recognizing limitations and assume responsibility in this regard.

The last official listed the role of area staff as being the following: To tie in the problems of the area to a city-wide basis; a basic community organization generalist; to try to be aware of problems in the area, to try to provide information for agencies in the area in regard to needs and resources; help community groups develop effective citizen participation; try to stimulate the leadership of the area to participate on a district and tri-county level; and finally intergroup relations, a real effort to pull together leadership that is truly representative of the various groups of the area.

Area Representation

The area offices of the Philadelphia District operate with an executive committee or a board as it is called in some areas. The function of this committee or board is advisory for the most part. However, in some instances the executive committee takes specific action on certain matters and also serves as a medium of education in the area. The executive committee is guided in its operation by the central organization, the Philadelphia District, Health and Welfare Council, Inc. Some of the objectives of the committee are to (1) promote the general welfare by studying community needs and resources, (2) develop cooperative planning of health, welfare and recreational services and (3) promote social improvements.

Achieving the above objectives is accomplished through a joint effort on the part of the executive committee and staff of the area office. In accomplishing these objectives it is necessary for the executive committee to be representative of every facet of the community. Adequate representation is desirable and necessary if a thorough

analysis of community needs and recources is to be made.

In interviews with six area directors it was noted that the total number of citizens represented on the executive committees and boards totaled 171. Northern Area is currently operating without an executive committee. The breakdown is as follows: North Central 29, Northwest 29, Southern 40, Northeast 24, and West 49. These citizens represent business, city government, civic and neighborhood organizations, direct-service health, welfare and recreation agencies, both public and private, religious and educational institutions, and other interested citizens, some representing various racial, ethnic, and interest groups.

Leadership Development

Leadership in an area may be sought out and developed in many ways. One method of working with the leadership is through the executive committee and/or board. The participating citizens on the committees and boards are usually some of the key leaders in the various fields in the area. These leaders, however, for the most part are the top leadership figures and do not altogether represent the "grass-roots" elements of the area.

One of the primary functions and roles of area councils is to seek out and develop leadership at the "grass-roots" level. One of the best ways of carrying out this function is through the staffing or giving continuous consultation to neighborhood and/or resident organizations. These organizations usually provide an excellent opportunity to come in contact with and develop leadership at the "grass-roots" level.

In interviews with area directors it was noted that area staff is actively involved in staffing or giving continuous consultation to twenty-two neighborhood or resident groups. All area offices except Northeast Area and Northern Area are active in staffing these groups. However, even in these two areas some consultation is given to groups when called in on specific problems. Even though Northern Area is not staffing or giving continuous consultation to any resident or neighborhood groups, staff is working hard to seek out and coordinate the leadership within the various racial and ethnic groups in the area.

Problems and Recommendations

In an effort to find out the kinds of problems that are dealt with in the areas, the directors were asked to rank certain problem areas in terms of priorities in their particular area. (See interview guide in appendix for listing of problem areas). Two of the directors stated that there were no particular priorities in their areas, but rather equal importance was attached to each problem area as the problem arose.

Two of the four directors responding to the question stated that the problems of recreation received top priority in their areas. The other two directors indicated that housing and related residential problems, such as population density, zoning and code enforcement, traffic systems, blight, rehabilitation and conservation received top priority in their areas. Receiving second priority in two areas were the problems of recreation, health problems, including environmental health, physical and mental health, pre-natal care, venereal

diseases, health education, etc. in another area, and housing and related residential problems in the other area. Receiving third priority was economic problems, including unemployment, school drop-outs, etc. in one area, health problems, housing and related residential problems, and special problems of the aged in other areas.

Problems in the areas are usually dealt with through the area committee as a whole or sub-committees. In interviews with area directors a question was asked concerning the most active committees or sub-committees of their area and the number and kinds of recommendations they had made. Three of the six areas listed health, recreation and housing as being the three most active committees in their area. All directors listed recreation as being one of their most active committees. Other active committees included: schools committee, committee on aging, physical planning committee, and children and youth committee.

These committees from time to time make recommendations to the Philadelphia District or directly to other agencies, e.g., the health committee of an area might make its recommendations concerning health problems directly to the City Department of Health rather than go through the Philadelphia District. Area directors could not determine the actual number of recommendations that their committees had made to the Philadelphia District or to other agencies, but they did point out some of the major recommendations made over the last three years.

Examples of the kinds of recommendations made in the areas are: North Central Area -- Health committee recommended and demonstrated

that there was a need for a pre-natal clinic in the area; Southern Area--Housing committee recommended the establishment of a program to meet relocation problems for those persons dislocated by private dislocation which had been stimulated by public redevelopment programs; Northeast Area — Recreation committee recommended that additional schools be opened for community recreation programs under the joint sponsorship of the Board of Education and the Department of Recreation; Northern Area. The Northern Area Recreation Committee made recommendations to the Department of Recreation advising the expenditure of 1962-1967 Capital Program funds where it had found playground facilities to be most needed. It also identified school facilities which might be used for recreation purposes as a stop-gap measure; Northwest Area - Committee on Aging made a study of the needs of older people in the area and made several recommendations in this regard. The Committee on Aging in cooperation with the National Council of Jewish Women, established a volunteer employment referral service for older people on a one-day per week basis in the Council headquarters; West Area - Overall Executive committee recommended extending the boundaries of University City to the entire West Philadelphia Corporation area and to restudy the Northern boundaries of the Corporation to determine the feasibility of extending it to Mantu Avenue. The West Philadelphia Corporation is an agency sponsored by the University of Pennsylvania with related educational institutions of the area. Its purpose is to build and maintain a wholesome community in the University areas. In addition the entire

area was recommended for certification for a general neighborhood renewal plan.

The foregoing are but a few examples of the kinds of recommendations made by area offices. In many instances these recommendations are made to the Philadelphia District where they are studied and some action taken. This action may take the form of approval or disapproval of a particular recommendation. It may require more research and study or it may require the involvement of the District board with other agencies or activities in order to effect the implied changes.

In other instances Area offices make recommendations directly to the agency or city department concerned. Problems regarding health, recreation, zoning or code enforcement, education, etc., are usually made directly to the appropriate city department by the area office, unless the problem is of such magnitude that it requires the attention of the Philadelphia District. Making direct recommendations from an area office not only facilitates action in many instances, but it also helps to identify the area office with the particular area in which it is located. Besides the sense of identification by the community with the area office, it also gives the community a sense of accomplishment when problems are solved as a result of direct recommendations.

Need for Additional Staff

Even though the area offices are utilizing available staff to the maximum, there is a shortage of staff in each area office. With the exception of West and North Central Areas, area offices only have one full-time professional worker. This places a tremendous

work load and responsibility on a limited staff. Even in West and North Central Areas additional staff is needed. In this connection area directors were asked the following questions "If you had one additional fully trained, reasonably skillful community organization staff person, how would you use him?" All of the area directors stated that they would use such person in staffing community and/or neighborhood groups.

The answers to the above question were very significant in that all directors saw a great need for staffing community or neighborhood groups. In a paper presented at an area staff meeting in October, 1962, the value of citizen organizations as an instrument for achieving neighborhood improvement was stressed. It was pointed out that well organized citizen groups in local neighborhoods can be very instrumental in making better use of existing resources such as specialists in housing, health, education, etc. When action programs to work on solutions of problems in these areas are developed with help of trained staff.[1]

Such citizen organization allows the citizen to take his rightful role as a participant in shaping his own environment. No neighborhood, whether composed of middle income residents or lower income residents of a deteriorating neighborhood, is free of problems needing

---

[1]Harry M. Freeman , "Staff Needed for Facilitating Citizen Activity for Neighborhood Improvement" (unpublished paper presented to the Philadelphia District Health and Welfare Council, October, 1962).

solution at the neighborhood level. Such problems range from minor deficiencies in services and facilities to general decay of the neighborhood.[1] The solution to these problems can be greatly facilitated with the aid of trained staff.

---

[1] Ibid.

CHAPTER V

SUMMARY AND CONCLUSIONS

The writer has pursued the purpose of examining the historical trends in the development and functioning of the Philadelphia District Health and Welfare Council. It was also the purpose of this study to determine the extent to which the Philadelphia District's program, over the years had moved in the direction of coordination of services and/or the development of citizen participation.

The writer consulted various records, annual reports, and other pertinent literature. Interviews were used with various area directors and executive staff of the Philadelphia District. This study was limited to the historical trends in the development and functioning of the Philadelphia District Health and Welfare Council. Excluded from this study was an analysis of centralized functions also other present functions which did not indicate developing trends.

As a result of examining the historical trends of the Philadelphia District Health and Welfare Council, the following summaries and conclusions were made:

1. The problems and needs in the areas of health, industry, education, urban renewal, recreation, and social welfare confronted by communities are of such tremendous nature that no single social work agency can deal with them. This magnitude prompted social agencies in this country to form centralized coordinating bodies in an attempt to prevent duplication in the giving of relief. The first of such coordinating bodies in the United States was formed

in 1909 in Milwaukee and Pittsburgh and they were called community welfare councils.

2. Early credit for the coordination idea in social work has been given to the Charity Organization Society Movement in London, established in 1869. While the organization originally was primarily concerned with avoiding duplication in giving relief, it also set one of the patterns for the beginning of a method of social work which is now referred to as Community Organization.

3. While belief in the importance of central community councils as coordinating bodies is still adhered to, a great many efforts have been made in the last two decades to utilize smaller coordinating and planning units to decentralize the planning activities. These smaller units, sometimes referred to as neighborhood or area councils have been located in geographical areas of the city with programs geared to the particular needs of that geographical area.

4. The establishment of the East Columbia Area in 1944 as an area of a special attention marked the beginning of the idea of neighborhood or area councils in Philadelphia, Pennsylvania. The idea gained fast acceptance and support from the Council of Social Agencies of the city, thus enabling the Council to consider the possibility of establishing other areas of special attention.

5. The Philadelphia Council of Social Agencies originally consisted entirely of member agencies of the Welfare Federation. Over the years, however, it became apparent that to be truly effective, planning efforts must include tax-supported as well as

private agencies.

6. In 1947, Philadelphia, Montgomery, and Delaware counties formed a tri-county complex which was called the Health and Welfare Council, Inc. This merger came as a result of a variety of common interests and the inescapable fact that major health and welfare programs were not limited to any one county, but rather the entire metropolitan area shared interest in this regard. Each county is a separate district. The Philadelphia District, however, is the only one which has decentralized area offices. Shortly after the tri-county complex was formed the Philadelphia District began to emphasize local planning in an effort to place the Health and Welfare Council in line with existing trends. The idea of local planning took on increased significance to the Council during the first ten years of its existence as part of the tri-county complex. The success of the two area offices established under the old Council of Social Agencies prompted the Council to establish four other offices.

7. In an effort to make the Council a more effective instrument for health and welfare planning, a special committee was formed in 1959 to make recommendations for change in structure to fit the change in needs. Following careful study the Committee recommended a new structure which permitted the Council to operate more efficiently, attack community problems promptly, and brought the Council the additional lay leadership necessary to solve different social and health problems.

8. Interviews with District and tri-county officials revealed that the major social problems in Philadelphia included: Lack of resources to meet the needs of the people; immigration of culturally deprived and "culturally disadvanted" Negroes and Whites from the South; the gap between what we know and what we do; and the massive flight of "desirable" families to the suburbs, etc. These problems were caused by automation, unemployment, migration, cultural clashes, the changing character of the population, and the problem of school drop-outs.

9. The major functions of the Philadelphia District Health and Welfare Council are: The orderly coordination of health, welfare, and recreation services in Philadelphia county; the development and involvement of leadership; the bringing together of individual citizens, governmental and voluntary agencies and other organizations to plan together for ways of improving the lives of the people in the community. The functions of the Council have changed over the last ten years in order to meet the demands of changing needs. The district changed from the division structure to assuming more responsibility for the entire district and county; more citizens in the district now have responsibility for planning and implementing social welfare programs; and the Council has increased its efforts to work together with groups and agencies in one field or on one particular problem.

10. Changes in program emphasis content included: More emphasis on research and the multi-agency approach to problems; more responsibility for health, welfare, and recreation in the general social planning job and the emphasis on more comprehensive programs. In each of these program areas the planning should aim at comprehensive programming.

11. The Council's philosophy regarding citizen participation in social planning is that citizen participation is not only essential but that sound social planning cannot become a reality without the involvement of citizens. The basic philosophy of the Council concerning citizen participation has not changed basically over the last ten years, but knowledge and skill in this area has been sharpened.

12. Area councils of the Philadelphia District are comprised of local residents, representatives of civic, fraternal, religious, educational, business, labor, and professional interest in the local area, and representatives of health and welfare organizations serving the area. Area councils concern themselves with many problems which confront their individual geographical areas. The area councils of Philadelphia have followed basically the same patterns as area councils in other big cities.

13. District and tri-county officials saw many roles of area staff, such roles as enabler, resource person, administrator, community organization specialist, developing of leadership, and as a person who could bring together all possible forces so as to work together in the common interest of the area.

14. Area councils function through executive committees or boards. These structures serve in advisory and educational capacities for the most part, but take specific action in come instances. Through the executive committee and/or boards area representation is achieved.

15. Committees and sub-committees of the areas make various recommendations to the Philadelphia District or directly to the agency or activity concerned. Making direct recommendations from an area office not only facilitated action in many instances, but it also helped to identify the area office with the particular community in which it was located. Besides the sense of identification by the community with the area office, the making of direct recommendations also gave the community a sense of accomplishment when problems were solved as a result of such recommendations.

Finally, the writer felt that the Philadelphia District Health and Welfare Council has been moving in the direction of the kind of social planning that is indicative of most Councils in other big cities. The tremendous efforts on the part of area staff to seek out and develop leadership in the area; to evaluate, assess, and plan in light of community needs and resources; and to relate the area to the overall Philadelphia district, and the tri-county area seemed to be of tremendous importance. This study which presented an overall picture of the development and functioning of the Council, hopefully, may stimulate a more extensive examination in this area.

A P P E N D I X

INTERVIEW GUIDE

District Director and other top officials

1. What are the major functions of the Health and Welfare Council in the Philadelphia District?

2. How have the functions changed over the last ten years?

3. What particular changes in program emphasis can you cite?

4. What are the major social problems in Philadelphia in 1962?

5. What would you say they were in 1952?

6. If necessary staff were available, what two problems would you attack that the Council is not currently focusing its attention on?

7. How have the needs changed over the last ten years?

8. What do you see as the role of area staff?

9. What is the agency's philosophy concerning citizen participation in social planning and how has it changed in the last ten years, if at all?

INTERVIEW GUIDE

Area Directors

1. Classify each of your executive committee membdrs by occupation and by the type of group he represents.

2. Is your area staff actively involved in staffing or giving continhous consultation to any neighborhood or resident organization?

   a. How many?

   b. How much time is allotted to each organization?

3. Over the last five years how would you rank the following problem areas in terms of priorities in your area?

   a. Economic problems, including (unemployment, school drop-outs, level of subsistence in public assistance, etc.)

   b. Housing and related residential problems, such as (population density, zoning and code enforcement, traffic systems, blight, rehabilitation and conservation)

   c. Health problems, including (environmental health, physical and mental health, pre-natal care, venereal diseases, health education, etc.)

   d. Problems of Recreation

   e. Special problems of the aged

   f. Special problems of children

4. What have been the three most active committees of the area office?

5. How many recommendations have these committees made to the District Health and Welfare Council or other agencies?

   a. Which committees made the recommendations?

   b. What did they recommend?

6. How many recommendations has the overall executive committee made over the last three years?

7. What were these recommendations?

   a. Were they passed on to the Philadelphia District Board?

   b. Were they approved by the Philadelphia District Board?

   c. Were the implied changes effected?

8. If you had one additional fully trained, reasonable skillful community organization staff person how would you use him?

BIBLIOGRAPHY

Books

Dillick, Sidney. Community Organization For Neighborhood Development Past and Present. New York: Woman's Press, 1953.

Dunham, Arthur. Community Welfare Organization Principles and Practice. New York: Thomas Y. Corwell Co., 1958.

Friedlander, Walter A. Concepts and Methods of Social Work. Englewood Cliffs, N. J.: Prentice Hall, Inc., 1958.

Harper, Ernest B. and Dunham, Arthur. Community Organization in Action. New York: Association Press, 1959.

Hillman, Arthur. Community Organization and Planning. New York: MacMillian Co., 1950.

Johns, Ray and DeMarche, David. Community Organization and Agency Responsibility. New York: Association Press, 1951.

McMillen, Wayne. Community Organization for Social Welfare. Chicago: University of Chicago Press, 1945.

Murphy, Campbell G. Community Organization Practice. Boston: Houghton Mifflin Co., 1954.

Ross, Murray G. Case Histories in Community Organization. New York: Harper & Brothers, 1958.

_____. Community Organization Theory and Principles. New York: Harper & Brothers, 1955.

Articles

Anderson, Joseph P. "The Response of Social Work to the Present Challenge," Social Work Year Book, 1948, p. 53.

Gustafson, Howard F. "Emerging Concepts in Community Welfare Planning," Social Welfare Forum, 1960, pp. 154-166.

Hunt, Maurice O. "Citizen and Volunteer Participation," Social Work Year Book, 1960, pp. 157-162.

Lundberg, Emma O. "Community Chests," Social Work Year Book, 1947, pp. 103-110.

Murphy, Campbell G. "Community Welfare Councils," Social Work Year Book, 1960, pp. 191-198.

Shaw, Thelma. "Presidential Address," Social Welfare Forum, 1962, pp. 1-20.

Miscellaneous Material

A Geographical Approach To Community Planning. A Symposium based on Papers from National Conference of Social Work, Atlantic City, New Jersey, May, 1951.

Area Planning, Philadelphia: Health and Welfare Council, Inc., October, 3, 1947.

Boards Members Manual, Health and Welfare Council, Philadelphia: Health and Welfare Council, Inc., September, 1961.

Citizen Participation in Urban Renewal. Philadelphia Planning Conference, January, 1957.

Committee on Area Planning Philadelphia District Health and Welfare Council, Inc., December, 1955.

Expansion of Area Planning Philadelphia District Health and Welfare Council, Inc., Philadelphia: April, 1948.

Files of the Philadelphia Council of Social Agencies, Philadelphia, Pennsylvania, December 8, 1943.

Flood, Gerald F. Memorandum to Members of the Central Committee on Combined Operations. January 31, 1947.

Levine, Aaron. Task Force Report on Community Organization for Citizen Participation. Action for Boston Community Development, June, 1961.

Minutes of the Central Committee on Combined Operations, Febryary 27, 1947.

Minutes of the Central Committee on Combined Operations, January 30, 1951.

Ogg, Elizabeth. Good Neighbors - The Rise of Community Welfare Councils, Public Affairs Pamphlet No. 277, January, 1959, p. 4.

Report of the Committee on Area Operations, Philadelphia: Philadelphia District Health and Welfare Council, Inc., June, 1952.

Report of the Committee to Review Council Structure and Functions, Philadelphia: Health and Welfare Council, Inc., November, 1959,- January, 1960.

Report on a Third Area in Combined Operations, Council of Social Agencies, Philadelphia, Pennsylvania, April 29, 1947.

Statement on Program for Local Planning, Philadelphia: Health and Welfare Council, Inc., December 8, 1947.

Unpublished Material

Freeman, Barry M. "Staff Needed for Facilitating Citizens Activity for Neighborhood Improvement" (unpublished paper presented to the Philadelphia District Health and Welfare Council, October, 1962).

Health and Welfare Council, Inc., Professional Staff Meeting Paper, Philadelphia: October, 1961 (unpublished).

Jaipaul, Inderjit K. "Helping a Community Further Grass-Roots Participation Towards Community Improvement" (unpublished thesis, School of Social Work, University of Pennsylvania, 1962).

Loewenstein, Benjamin S., Summary of Services Division Program, September, 1962(unpublished).

McNeil, "Welfare Services to a Metropolis in Transition" (Speech delivered at Community Orientation Institute, University of Pennsylvania, November 1, 1962).